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ABSTRACT

Presented is a compilation of material and information coming out of the training and technical assistance program serving handicapped children in Iowa Head Start programs. Included is information such as the following: a list of Head Start goals and objectives, a statement on coordination of activities with the state training office, a sample newsletter, forms for identifying children with special needs, a Head Start training request form, a breakdown of Office of Child Development funding categories for Head Start money for the handicapped, a list of Community Action agencies and Head Start agencies in Iowa, a map of Iowa Community Action/Head Start areas, diagnostic criteria for reporting handicapped children in Head Start, a description of special education in Iowa, a map of Developmental Disabilities Council areas, a list of state agencies and regional resources, descriptions of services at the University of Iowa, a bibliography of publications, a list of slide/tape presentations available for loan, and information on Area and Regional Resource Centers. (DB)

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SERVICES TO CHILDREN WITH SPECIAL NEEDS

TRAINING & TECHNICAL ASSISTANCE PROGRAM FOR THE IOWA HEAD START PROGRAMS

University Hospital School
Iowa City, Iowa

by

Katy Pierce, OTR
Kathy Sandusky, MS
Project Coordinators

July, 1976

2nd Edition

EC090729

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PREFACE

Increased attention to the educational needs of those individuals having handicapping conditions has initiated the implementation of new and innovative programs for the provision of educational opportunities for all youngsters. In accordance with this new directive, Project Head Start was mandated by Congress in 1974 to provide educational opportunities for those preschool children with special needs.

Assistance in the provision of this service has been provided to the Iowa Head Start programs by way of a training and technical assistance (T/TA) contract between the University Hospital School and the Regional Office of Child Development, Kansas City, Missouri. Region VII has chosen to provide its Head Start grantees with statewide specialist/coordinators who are responsible for providing information and resources for the handicapped child. Through endorsement by the Iowa Head Start Directors' Association, the T/TA contract in Iowa was renewed and so a third year of providing training services to Head Start grantees in Iowa begins.

Through a state-wide needs assessment, those training objectives seen as most important by Head Start grantees have been incorporated into the T/TA grant for 1976-77.

As last year, there is a need for a compilation of materials and information pertaining directly to the special needs child. Thus, a second edition of the T/TA Manual, Services to the Children with Special Needs, has been prepared by the specialist/coordinators. Once again, this manual attempts to provide general information on Head Start, specific contract objectives, identification and referral forms, and a variety of resource materials. It is hoped that this manual will serve as a useful

tool for those in Head Start. This manual will be distributed to those agencies and individuals dealing with Head Start in order that they might more clearly understand the goals and objectives of Head Start. It is hoped that not only will individuals come to better understand Project Head Start, but that they will come to appreciate the necessity of working together for the provision of services to the special needs child.

A STATEMENT ON THE INTEGRATION OF THE HANDICAPPED COMPONENT INTO HEAD START

Mainstreaming the handicapped or special needs child into Head Start necessitates an awareness of the intermeshing of all components into an end product of total service to all Head Start families. Although for practical purposes, we consider separate components of Head Start, in order to understand what Head Start is all about we must think in terms of a total service project. The special needs child must be served in all aspects of Head Start as is the "normal child." Therefore, the element of Head Start dealing with handicapped or special needs children must permeate all components of Head Start. It is the duty of all in Head Start to make themselves aware of how they, along with fellow Head Start personnel, work together to serve the handicapped child.

About fourteen percent (518±) of Iowa's 3700 children in Head Start are developmentally disabled and retarded, either singly or combined. Accordingly, it is most appropriate that this UAF (the University Hospital School) help in providing health services and guidance in programming for this population. This is accomplished largely by the two full time Head Start Project Coordinators.

In providing training and technical assistance an attempt is made to reach into all components of Head Start to assist staff in dealing with those having special needs.

HEAD START GOALS AND OBJECTIVES

NATIONAL GOALS

The mission of Project Head Start is to assist local communities to strengthen their capacity to plan, organize, and deliver developmental services for preschool children, using approaches tailored to local needs and resources. With this in mind, during FY 1973, the Office of Child Development launched a broad program of improvements and innovations designed to revitalize Head Start as a national demonstration both of comprehensive developmental services for preschool children and of cost/effective, community-based systems for delivering these services. More specifically, the goals established for this multi-year effort are:

--To ensure that the services provided to all children and families in Head Start meet reasonable standards of quality and cost effectiveness.

--To strengthen the needs assessment and planning capabilities of Head Start communities and expand the range of options available to these communities in meeting the needs of individual children and families.

--To ensure that all Head Start programs and activities emphasize and build on the central role of parents and the family in the child's education and development.

--To strengthen Head Start programs as community institutions capable of mobilizing resources and integrating services on behalf of children, both as advocates and as service providers.

NATIONAL OBJECTIVES

The national objectives for Project Head Start in FY 1976 are as follows:

1. To help bring all Head Start grantees into compliance with the Head Start program performance standards.

2. To ensure that at least 10% of the total Head Start enrollment consists of handicapped children on a state-by-state basis and to improve and upgrade the quality of services.

NATIONAL HANDICAPPED GOALS AND OBJECTIVES

The Office of Child Development established procedures that require Head Start programs at the community level to identify, recruit, and serve preschool handicapped children. The following are the goals and objectives:

1. To ensure that at least 10% of the Head Start enrollment consists of handicapped children on a state-by-state basis, and to ensure that individual grantee plans are focused on enrollment targets.

2. Increase the proportion of children with severe handicaps enrolled in Head Start among all handicapped children.

3. Improve and upgrade the quality of services provided to children with special needs. Development of individualized programs which deal with the management of children with specific handicapping conditions.

4. Coordinate with other state and local agencies and private organizations providing preschool services to handicapped children, giving particular attention to mobilization of resources and coordinating with state plans developed under the Education of the Handicapped Act and Developmental Disabilities Services Act.

5. Increase the grantees planning capability to target available OCD resources most effectively in providing services to children with special needs.

TRAINING AND TECHNICAL ASSISTANCE PROGRAM TO IOWA HEAD START PROJECTS--JULY 1, 1976 - JUNE 30, 1977

The project will provide training and technical assistance to the 18 Head Start grantee agencies in Iowa relating to the following objectives:

1. Provide grantees specific mechanisms to canvas communities for enrollment, and to assist in the identification of sub-populations that may have an increased incidence of handicapping conditions. The fulfillment of the mandate of 10% enrollment opportunities is specifically not the responsibility of this contractor.

2. Assist grantees in recruiting enrollment opportunities for the more severely handicapped children in their communities by:

   a. providing technical assistance for recruiting efforts involving severely handicapped,

   b. enhancing, through in-service education, the concept of individualized program planning, to allow the grantees to recognize their capability to deal with more severe handicapping conditions.

3. Assist communities to utilize local resources whenever possible

   a. reviewing existing community programs and resources utilized,

   b. determination of existing but unused resources,

   c. initiation of communication between Head Start grantee and community resource, if not being utilized,

   d. assist communities in linking resource to the Head Start program,

e. assist community to institute mechanisms that review diagnostic outcomes relating to:

   1) adequate and accurate identification, and

   2) comprehensive nature of the services being provided.

4. Assist communities in securing diagnostic services if not available in the grantee's area by:

   a. coordinating diagnostic services provided through the Iowa SSCC mobile diagnostic field clinics.

   b. providing the coordination for matching specific children, their parents and Head Start community personnel (teacher, health coordinator) with the diagnostic services available in the University Hospital School outpatient facility, when those diagnostic services are not available to the Head Start program in the community. These diagnostic services would be followed by specific classroom setting of the individual child and through in-service educational programs for the educational/ therapeutic staff.

   c. contacting local Area Education Agency personnel to determine the feasibility of obtaining screening and diagnostic services.

5. Assist grantees to implement educational/therapeutic programs for specific children by:

   a. providing staff with training in the areas of assessment, teaching strategies, classroom programming and resource utilization through agency visits and cluster workshops.

   b. answering specific requests for training as need arises through consultant visits.

   c. explaining the handicap effort in Head Start to all personnel by way of revision and distribution of T/TA Manual.

   d. making available to Head Start grantees, resources, materials and appropriate information such as newsletter and pertinent books.

6. Exchange of information on a regional basis by:

   a. sharing with 3 state coordinators at regional meetings.

   b. assisting with any regional effort concerning resource sharing.

7. Accountability to Head Start Grantees

   a. monthly update outlining accomplishments, quarterly objectives, and tentative training schedule.

   b. verbal report at each scheduled Head Start Association meeting.

BUDGET JUSTIFICATION

The Work Statement will be accomplished by:

1. Two (2) specialist/coordinators spending 75% of the time in the field and 25% in the University Hospital School.

2. A cadre of educator/therapist staff members of the University Hospital School who would spend up to 41 consultant days in the field, a number of these days may be provided through four (4) cluster workshops.

3. The University Hospital School outpatient team, who would provide up to 18 consultant days to review individual children in the University Hospital School and to generate recommendations for classroom implementation.

OBJECTIVES FOR THE SPECIALIST/COORDINATORS FOR THE SCHOOL YEAR 1976-77

The specialist/coordinators will:

1. Request from each of the 18 agencies in Iowa a copy of the written plan for the handicap component.

2. Request and keep current a list of children with handicaps in Head Start programs in Iowa. This list will include the child's name, major handicapping condition and birth date. The list will also indicate whether or not the handicapping condition has been officially diagnosed by a qualified practitioner.

3. Assist agencies in obtaining specific treatment recommendations from diagnostic providers.

4. Encourage each agency to periodically revaluate and update the list of children with handicaps.

5. Continue to contact agencies and organizations who have an interest in providing services to Head Start.

6. Continue and expand cooperative efforts with the 15 Area Education Agencies of Iowa.

7. Continue to meet with state and regional coordinators of services to the handicapped in Head Start in order to share information of local, state, regional and national importance.

8. Attend Head Start directors' meetings and provide current information and training regarding the handicap component.

9. Meet with the State Training Office staff to coordinate training and technical assistance programsfor each component.

10. Offer preservice training to all Iowa Head Start grantees in order to orient staff to the training and technical assistance (T/TA) available through the University Hospital School.

11. Coordinate training efforts with the Coordinator of Training at University Hospital School, i.e. Head Start tour groups.

12. Provide and coordinate consultation service utilizing personnel from University Hospital School.

13. Submit monthly and quarterly reports of T/TA activities in Iowa to the following groups of people:

    1. Hospital School Administrators
    2. Executive Director, HACAP, Cedar Rapids
    3. Regional T/TA Providers (Kansas, Nebraska, Missouri, Ames - STO)
    4. Regional Office Staff - Kansas City, Missouri

14. Request written reports of those University Hospital School staff who make outreach visits for Head Start. The report shall be submitted within 3 days after the date of the visit; a copy of this report will be forwarded to the appropriate Head Start agency or designated person(s).

15. Utilize and continually reevaluate and refine a needs assessment instrument to determine appropriate types of T/TA to be provided to Head Start staff.

16. Offer workshops dealing with observation techniques, checklists, assessment forms, and program planning for the special needs child.

17. Provide statewide training as deemed necessary by grantees. In addition cluster workshops will be provided.

18. Continually update list of resources and services beneficial to Head Start.

19. Publish a monthly newsletter dealing with special needs children.

DIVISION OF RESPONSIBILITIES

Although the two coordinators will be assigned specific agencies, other responsibilities will be shared, e.g. workshops, coordination of services from community agencies, attendance at state, regional and national meetings.

Please direct your questions, requests and communication to the appropriate coordinator. See list below.

Katy Pierce, Coordinator

Remsen - Rich Thomson, Director
Sioux City - Janie Moeller, Director
Emmetsburg -
Marshalltown - Gene Organ, Director
Des Moines - Doris Tucker, Director
Leon - Dianne Riley, Director
Ottumwa - Shirley Baird, Director
Burlington - Sharon Ford, Director

Kathy Sandusky, Coordinator

Decorah - Ann Gearhart, Director
Waterloo - Arietta Magee, Director
Dubuque - Sheryl Meakin, Director
Mason City - Alan Champlin, Director
Dunlap - Janice Nielson, Director
Creston - Barbara Anderson, Director
Carroll - Jim Cuddy, Director
Cedar Rapids - Carol Chadwick, Dir.
Davenport - Paul Pohlson, Director
Fort Dodge - Marilyn McNulty, Director

STATEMENT ON COORDINATION OF ACTIVITIES WITH THE STATE TRAINING OFFICE

An attempt will be made to coordinate training and technical assistance programs for each Head Start component area with the State Training Office.

This objective will be met by providing for the following:

1. Increase communication, i.e. sharing monthly reports of activities in each component, exchange of copies of relevant correspondence, and sharing resource materials.

2. Attendance and presentations at monthly component meetings.

3. A joint effort toward greater public relations for Head Start at both the state and local level.

GENERAL INFORMATION SHEET

SERVICES TO CHILDREN WITH HANDICAPS IN HEAD START

IOWA HEAD START PROJECTS 1976-77

COORDINATORS: Katy Pierce, OTR
Kathy Sandusky, M.A.

ADDRESS: University Hospital School
Room 107
Iowa City, Iowa 52242

PHONE NUMBER: Pierce - 319/353-3417
Sandusky - 319/353-6748

GENERAL SERVICES PROVIDED:

Training and technical assistance to the handicapped in Head Start---

A. Set up tours and training for Head Start agency staff at Hospital School through the Training Coordinator.

B. Provide in-service training and workshops related to handicapping conditions.

C. Facilitate local community interest and participation in local Head Start programs.

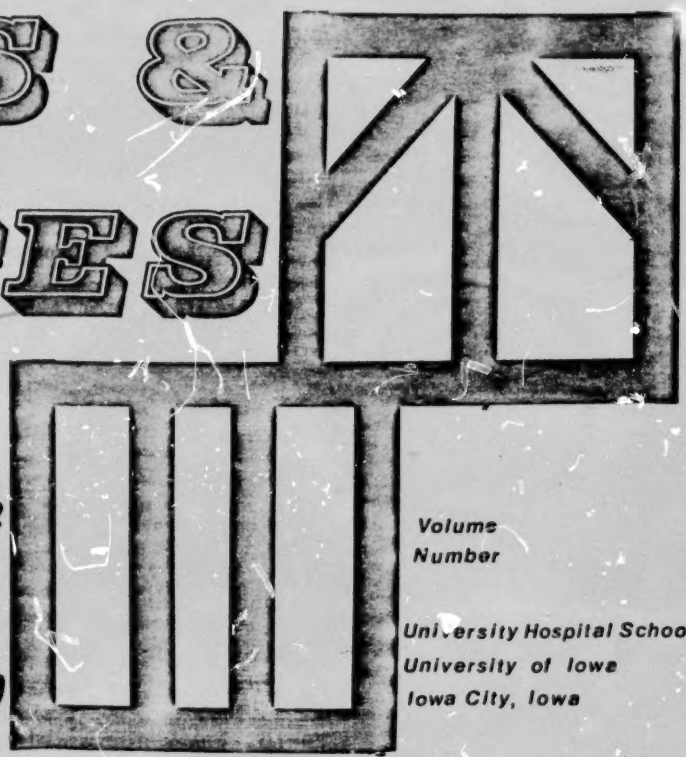
D. Provide information on additional resources that may assist in serving the handicapped.

E. Provide consultive services using University Hospital School staff offering the following professional disciplines:

education
health care
medical-social
nutrition
occupational therapy
pediatrics
pediatric nurse practitioner
physical education
physical therapy
psychology
recreation
speech & audiology

F. Inform Head Start personnel about planned training by University Hospital School and other state and national agencies.

QUIPS & QUOTES



Katy Pierce

Kathy Sandusky

Volume
Number

University Hospital School
University of Iowa
Iowa City, Iowa

"Coordination of Services to the Handicapped in Headstart in Iowa"

To keep all Head Start personnel up to date with all the "happenings" in relation to the special needs child, the specialist/coordinators will be publishing a monthly newsletter, "Quips and Quotes."

This newsletter is one way for the consultants at University Hospital School to get inside the classroom without ever leaving Iowa City. Articles in the newsletter cover such areas as classroom management, current legislation regarding the handicapped, new publications, upcoming conferences and workshops and a feature article written by notable personalities at University Hospital School. Because this newsletter is for all of you in Head Start, we would appreciate any input which you may have. Please let us know of any suggestions you may have for topic areas or feature articles. All suggestions would be greatly appreciated.

HEAD START SERVICES IDENTIFICATION

1. Agency _____
2. CAP Director _____ Office Location _____ city
3. Head Start Director _____ Office Location _____ city

   Office Phone # _____ Home Phone # _____
4. Education Coordinator _____
5. Health Coordinator _____
6. Handicap Coordinator _____
7. Mental Health Coordinator _____
8. Nutrition Coordinator _____
9. Social Service/Parent Involvement Coordinator _____
10. SS/PI--indicate name and areas served if more than one (or PI aides):

name	counties or centers served

11. Nurses:

12. List agencies or individuals from which the following services are received:

_____ speech
_____ hearing
_____ psychological evaulations
_____ developmental screenings
_____ dental
_____ medical/physical
_____ vision
_____ additional screenings or evaluations (specify type)

13. Our agency utilizes the State Services for Crippled Children mobile clinics.
    ____ yes ____ no

14. Other consultants--list agencies or individuals presently assisting Head Start and indicate in what manner they assist.

15. Do you wish assistance in contacting and dealing with your Area Education Agencies' support services in regard to screening and follow-up services?
    _____ yes ____ no If "yes", please explain.

_____TOTAL # of students

_____ # of classes

_____Total # of children suspected to ahve handicaps

_____Total # with confirmed diagnosis of a handicapping condition according to the OCD criteria

Date this form was filled out _____

_____

(signed)

IDENTIFYING CHILDREN WITH SPECIAL NEEDS

* indicates official diagnosis (DX): BD--birthdate

CLASS #1: _____
(name of building) (county)

_____
(street address) (city)

Phone # _____

Teacher _____

Aide _____

CHILD'S NAME	HANDICAPPING CONDITION	DX	BD

CLASS # 2: _____
(name of building) (county)

_____
(street address) (city)

Phone # _____

Teacher _____

Aide _____

CHILD'S NAME	HANDICAPPING CONDITION	DX	BD

HEAD START TRAINING REQUEST

Request for In-Service Training from University Hospital School
Return request to Coordinator for Services to the Handicapped in Head Start, Hospital School, Rm. 107, Iowa City, Iowa 52242.

1. Person making request _____

2. Date training is to be given _____
   Alternate date (s) _____

3. Time _____

4. Number of persons attending session _____

5. Position of persons attending (teacher, aide, etc.) _____

6. Location and type of building where training will take place _____

   Address City

7. Specific topics to be covered _____

8. Why is this type of training being requested? _____

9. State specific goals and objectives of training, i.e. what do you hope to gain by this training?

10. Additional information, i.e. types of handicapping conditions, severity of problems, types of materials and techniques presently used.

11. Name of person(s) to contact for further information _____
    _____ Phone # _____, _____
    City

KLP/7-76

HANDICAP PLAN GUIDE

It is required by the Office of Child Development that every Head Start agency have a plan for including handicapped children in their program. We have used the policy manual and the "Handicapped Self-Assessment/Validation Instrument" to prepare a guide to writing your handicap plan. Of course, each agency's plan will be different, but in order to meet performance standards, each should provide in some way for each of the areas covered below. (All quotations in this guide are taken directly from the Office of Child Development policy N-30-333-1 on Head Start Services to Handicapped Children).

Person responsible for the handicapped effort

Each agency should have one staff member who is responsible for making sure the agency is adequately serving handicapped children. Other agencies (particularly the smaller ones) may want to assign this responsibility to a person already on staff - such as the director or the health coordinator. Generally, this person will work with other staff members in formulating and implementing the handicap plan.

Recruitment

Your plan must describe how you will identify and enroll handicapped children. This effort might include contacting other community agencies and preschools, articles in the local newspaper, TV and radio public service announcements, etc. You should specify exactly what measures you have taken or are planning to take to inform the public of Head Start's desire to enroll qualified handicapped children. The recruitment part of your program plan should receive special

attention, since federal guidelines require that 10% of your enrollment opportunities be open to handicapped children. It is important to have a strong outreach effort to find the children who need your services.

Enrollment

You should specify how you intend to make enrollment opportunities available to handicapped children. Priority should be modified accordingly. However, "the same policies governing Head Start program eligibility apply to handicapped children as to all children served in Head Start", and you should keep this in mind when describing your enrollment procedure. In other words, a handicapped child must meet the same income guidelines as other Head Start children. Of course, if your program normally enrolls 10% above-income children, then part (but certainly not all) of those may be above-income handicapped children.

"No child may be denied admission to Head Start solely on the basis of a handicapping condition unless there is a clear indication that such a program experience might prove detrimental to the child."

When describing enrollment procedures, keep in mind that you should "administer these policies in such a manner as not to drop any nonhandicapped child who is presently enrolled."

Assessment and Diagnosis

In this section you should explain how your present techniques for screening, assessment, and diagnosis take into account the special needs of handicapped children. Anytime a child has a suspected handicap (or when a parent or staff member reports a child as handicapped)

you should have provisions for immediate referral to and diagnosis from a professional who is trained and certified in the area of that handicapping condition. Explain how that professional will be provided with a copy of Head Start's diagnostic criteria.

In addition you should specify arrangements for receiving treatment recommendations from the professional and how they will be communicated to the classroom teacher. (Perhaps you might want to arrange for a staff meeting with the professional after each diagnosis or evaluation.)

Provisions should also be made for planned, periodic reevaluations by the appropriate professional. "A child shall not be assessed only once and considered to be in a category, such as mentally retarded." Treatment recommendations should be updated at regular intervals.

Mislabeling

You should explain the precautions your agency takes to insure that no child or family is mislabeled or stigmatized. This would include your procedure for keeping records confidential and for regular communication with parents. You should also mention that no child will ever be recorded as having a handicapping condition unless it is accompanied by a written statement from the appropriate professional. Also, "Handicapped children should not be treated differently except when this is called for by circumstances to respond to the child's special needs."

Termination

Explain how and under what circumstances a handicapped child would be terminated from your program. This is already spelled out pretty

clearly in OCD policy. "Termination of a handicapped child may only be made with the documented assessment and recommendation of the staff and appropriate professional consultants...that such action is in the best interest of the child." You should also have provisions for consultation with the family when considering termination, and for arranging with them alternative arrangements or treatment for the child.

Program Options

List the program options you offer to handicapped children.

Examples are:

1) Standard Head Start preschool
2) Part-time attendance (for example, 2 or 3 days a week), perhaps combined with special therapy or treatment on the other days
3) Home-based models (perhaps with some center attendance)
4) Shortened days (child comes in for only part of each session)

Your program will probably want to create and offer other options as well. Be sure when explaining options that the child's needs are the factor determining what kind of placement is best. Also remember that one of the advantages offered by Head Start is interaction with other children. Options which do not offer this opportunity should be used only in very special circumstances.

Program Services and Special Provisions

- Regular services

Explain what services you will provide to your children who have handicaps. They should "receive the full range of comprehensive services normally available to Head Start children" - including education, social services, parent involvement, and health services. You should explain how some services might need to be adapted to the child's unique needs.

- Community resources

You should mention here how you will use community resources to help plan the handicapped child's program. Provisions for close cooperation with such resources should be made. For example, Head Start services might include regular meetings with a child's therapist in order to insure that his program is a coherent whole.

- Flexibility

A handicapped child may not be able to attend your program as regularly as your other children. Some may need to receive special training or therapy in a separate setting. Others may have illnesses which cause them to be absent for long periods. Your plan should make provisions for maintaining program continuity during these times (for example, arranging for regular home visits to a child during a long illness, if appropriate). Also "opportunities to leave and reenter the Head Start program or center should be provided."

- Adult/child ratio

Depending on the types of handicapping conditions your center has, you may need additional staff. Explain how this would be done (hiring, if funds are available; volunteers; parents). Remember that you can use your handicap funds only for staff who work directly with a handicapped child.

- Safety

Some renovation of space and facilities may be needed with some types of handicaps (e.g., ramps for wheelchairs, hand rails in bathrooms). Handicapped funds may be used for these renovations. Explain when and how these changes would be made. Indicate any other changes the centers might make to insure the safety of all children, considering the special circumstances of some handicapping conditions.

- Transportation

Again, depending on types of handicaps you have, special provisions for transporting your children may need to be described. You may need special types of transportation or additional adult attendants.

- Use of drugs

Explain how drugs will be handled in your program. "Whenever possible, arrangements should be made with the family and the physician to schedule administration of medication during times the child is likely to be under parental supervision." If this is impossible, you should name the person who will be responsible for administering drugs ("Head Start director or his designee"). Find out your state requirements and take them into consideration.

Be sure to provide for filing parental consent; "Before any medications are administered, recorded parental consent must be on file." Have a special place to keep drugs out of the reach of the children - "prescription medications must be kept under lock and key." Also provide for adequate labeling.

Working with other agencies

Community resources have already been mentioned under other topics, but they merit a special section in your program plan. Explain what other agencies your center is using or plans to use. Make provisions for using other agencies to insure continuity of a child's program. For example, it may be that your center arranges meetings with school representatives when a child "graduates" from Head Start. This is particularly important for a handicapped child. You may explain how your center keeps a community resource list and refers parents to services they need.

In addition, you must provide for keeping records of all contacts with other agencies. "Head Start programs and delegate agencies shall be required to maintain records of their affirmative action to seek the support and involvement of other agencies on behalf of handicapped children."

Reporting

Some provisions should be made for keeping records on all activities related to your handicapped children. "Head Start programs must keep records of outreach, recruitment, and services to handicapped children." Also, you "must be prepared to report on the status of handicapped children in their community; the number...being served by Head Start; handicapping conditions; services provided; involvement of other agencies; and special circumstances and problems, including costs."

Training and Technical Assistance

Discuss the training and technical assistance being received by your staff to help them work with handicapped children. Any participation in training offered by this project (the Iowa handicap project) would be included here. Also any workshops, on-site visits, or special materials would be included. If your staff is receiving training on handicapping conditions (or special training to deal with a particular child) from other professionals or agencies, include that here. Special training or information given to parent or community groups should also be described.

Good luck on preparing a plan! A good plan will be very valuable to your agency, both in serving handicapped children and in completing

the questionnaires required by OCD next spring. We would appreciate receiving a copy of each agency's handicap plan when it is completed. If you need any help or clarification, please contact us.

Katy Pierce
Project Coordinator

Kathy Sandusky
Project Coordinator

Iowa Coordinators for Services to the Handicapped in Head Start

OFFICE OF CHILD DEVELOPMENT FUNDING CATEGORIES FOR HEAD START HANDICAPPED MONEY

Each local grantee should keep in mind six major categories for which OCD appropriates funds for services to handicapped children in Head Start.

In order to accurately report the funding needs of the grantees for these services, each agency should continually keep the cost categories in mind. The following is a summary of the definitions of these categories.

1. Development or continuation of a core capability to serve handicapped children. A core capability is defined as the capability to recruit, enroll, diagnose, and provide or arrange for services to handicapped children. The assignment within the grantee or delegate agency of a staff person with at least part-time responsibility for facilitating the handicapped effort is an essential element of core capability. The core capability definition also includes the costs of additional full-time or part-time Head Start staff including special educators and other professional or para-professional staff qualified and trained in services to handicapped children. It is not intended that these funds be used for regular staff or simply to increase staff-child ratios, even though there may be indirect benefits to handicapped children in the center. Cost sharing arrangements for qualified staff in other agencies are permitted when commensurate benefits to handicapped children in Head Start can be demonstrated. For example, grantees who were in a cluster could jointly purchase a particular service. Generally, not more than 45% of these handicapped funds should be used for core capability.

2. Screening, Assessment, and Diagnosis, including arrangements for diagnostic teams. Professionals working with Head Start programs to confirm that a child is handicapped are to use the legislated definitions and the diagnostic criteria to report a child is handicapped. This approach does not preclude the professionals using diagnostic criteria or procedures that go beyond those stated herein for the purpose of developing an individual plan of services for the child. In fact, OCD strongly recommends that the developmental evaluation include treatment/remediation recommendations and follow-up for each child.

   The Office of Child Development believes that the determination that a child has a handicapping condition is the responsibility of professional diagnosticians, not local Head Start staff. This means that each Head Start program should request diagnostic information concerning a handicap child in such a way that it:

a. can readily be reported in the annual survey of handicapped children in Head Start in accordance with the definitions and diagnostic criteria;

b. includes specific intervention recommendations on the basis of functional assessments in order that parents, teachers and others can best work with the child to enhance his/her potential; and

c. provides a developmental profile of each child which can be used to chart the child's individual progress in each developmental domain for which special programming is recommended.

3. Services: Purchase/Provision of (when not available on a donated basis) needed special education, other special services, and therapy including counseling and involvement of parents of handicapped children. Collaborative arrangemnts including joint funding with other agencies are encouraged when it will contribute to this end. Head Start grantees are particularly encouraged to coordinate with public schools in implementing services to preschool handicapped children to provide a mainstream experience that may otherwise be unavailable to such children and to foster smoother articulation when handicapped children leave Head Start and enter public school kindergarten or first grade. Within limits permitted by applicable State law, Head Start grantees and delegate agencies may accept funds from schools and other agencies sending children into a Head Start program setting (this specifically includes funds provided under the Federal Education for the Handicapped Act and similar State programs). Assuming such children otherwise meet Head Start eligibility criteria, they may be included in Head Start enrollment totals.

4. Transportation: Adequate provisions must be made for the transportation of handicapped children, including additional adults to serve as attendants and bus supervisors where necessary. Costs for transporting handicapped children to and from needed services should be charged to this category.

5. Equipment and Renovations: Purchase or lease of special equipment, and materials, plus reasonable modification of physical facilities. Care should be exercised not to purchase expensive items when better services can be provided through other resources. Generally, special equipment and materials other than those in common use in programs for the preschool handicapped child, should be obtained only when an individual child's plan has been worked out for their use in cooperation with qualified professionals familiar with the specific handicap. Modification of physical facilities should be planned with specific handicaps already identified for enrollment in Head Start or who can reasonably be expected to be recruited for September, 1977.

5. (continued)

Head Start grantees should be sensitive to the elimination of architectural barriers adversely affecting the participation of handicapped children. Under no circumstances may these funds be used for extensive remodeling or for modification of facilities primarily to upgrade the quality of space in the basic program for all children, even though this may also be of indirect benefit to handicapped children in the center.

6. Pre-service and in-service staff training: Since resources are available from other sources, it is not expected that extensive use will be made of funds for this purpose. Generally, not more than 10 percent of these handicapped funds for any single Head Start program should be used for staff training.

COMPONENT RESPONSIBILITIES IN SERVING THE SPECIAL NEEDS CHILD

Parent Involvement:

Responsibilities:

1. Recruitment -
   a. number and type
   b. agency contact

2. Role of advocacy and spokesman for Head Start family.

3. Coordinate/cooperate/information sharing with other community agencies.

4. Parent Education (Special Needs).

Health Component:

Responsibilities:

1. Screening - Health Services
   Speech/Hearing/Vision

2. Identification of special needs of handicapped -
   a. physician
   b. parent Interview
   c. teacher and Health Professional

3. Education program for staff and parents -
   a. training in observation techniques, methods in meeting the assessed needs of the child

   b. advise and assist in developing screening and assessment.

   c. ducation and Health Components working as a team.
      1. making recommendations for educational program
      2. making further referrals
      3. working with education services to provide a program keyed to individual development levels.

4. Provision of necessary health and mental health services.

Education Component:

Responsibilities:

1. Staff training in identification and handling children with special needs and working with parents in coordinating relevant referral resources.

2. Provison of a stimulating and learning type of environment for all special needs children.

MEMO

TO: Professional Diagnostic Service Providers

FROM: Katy Pierce
Kathy Sandusky
Coordinators for Services to the Handicapped in Head Start

RE: Identification of Handicapping Conditions in Head Start

Professionals working with Head Start programs to confirm that a child is handicapped are to use the legislated definitions and the diagnostic criteria to report a child as handicapped. This approach does not preclude the professional using diagnostic criteria or procedures that go beyond those stated herein for the purpose of developing an individual plan of services for the child. The Office of Child Development feels strongly that the determination that a child as handicapped is the responsibility of the professional diagnosticians, not local Head Start staff. This means that each Head Start program is requesting diagnostic information concerning a handicapped child in such a way that (a) it can readily be reported in the annual survey of handicapped children in Head Start in accordance with the definitions and diagnostic criteria and (b) it includes recommendations on the basis of functional assessments in order that parents, teachers and others can best work with the child to enhance his/her potential.

Copies of Head Start's diagnostic criteria are available from the following sources:

1) Your local Head Start agency.
2) The T/TA program for the handicapped component located at University Hospital School.
3) Office of Child Development, 601 E. 12th Street, Kansas City, Missouri 64106, ask for "Diagnostic Criteria for Reporting Handicapped Children in Head Start."

Sample

Date: _____ _____

Evaluations done: _____

Results of evaluations attached

Examiner(s) - (please print): _____

_____

Office Address:

Child:

Birth Date:

Agency (Program):

This child appears to have _____ (state handicapping condition) according to the OCD diagnostic criteria for reporting handicapped children in Head Start.

Recommendations:

Signed: _____

COMMUNITY ACTION AGENCIES AND HEAD START AGENCIES
IOWA

Community Action Agency	Head Start Director
1. Mid-Sioux Opportunity Incorporated	Richard Thomson 418 Marion Street Remsen, Iowa 51050 Ph. 712-786-1155
1A. Woodbury County Community Action Agency	Janie Moeller 1015 - 8th Street Sioux City, Iowa 51101 Ph. 712-277-8416
2. West Central Development Corporation	Janice Nielson Head Start Office Box 142 Dunlap, Iowa 51529 Ph. 712-643-5478
3. Upper Des Moines Opportunity, Inc.	1907 11th Street Emmetsburg, Iowa 50536 Ph. 712-852-3864
4. Community Opportunity	James Cuddy 603 W. 8th Str., Box 585 Carroll, Iowa 51401 Ph. 712-792-9266
5. Matura	Barbara Anderson 129 North Pine Box 465 Creston, Iowa 50801 Ph. 515-782-8431
6. YOUR (Your Own United Resources)	Marilyn McNulty 915 Seneca Webster City, Iowa 50595 Ph. 515-832-1644 (832-1071)
7. North Iowa Community Action Organization	Alan Champlain 215 15th Street S.E. Mason City, Iowa 50401 Ph. 515-423-5406

COMMUNITY ACTION AND HEAD START AGENCIES
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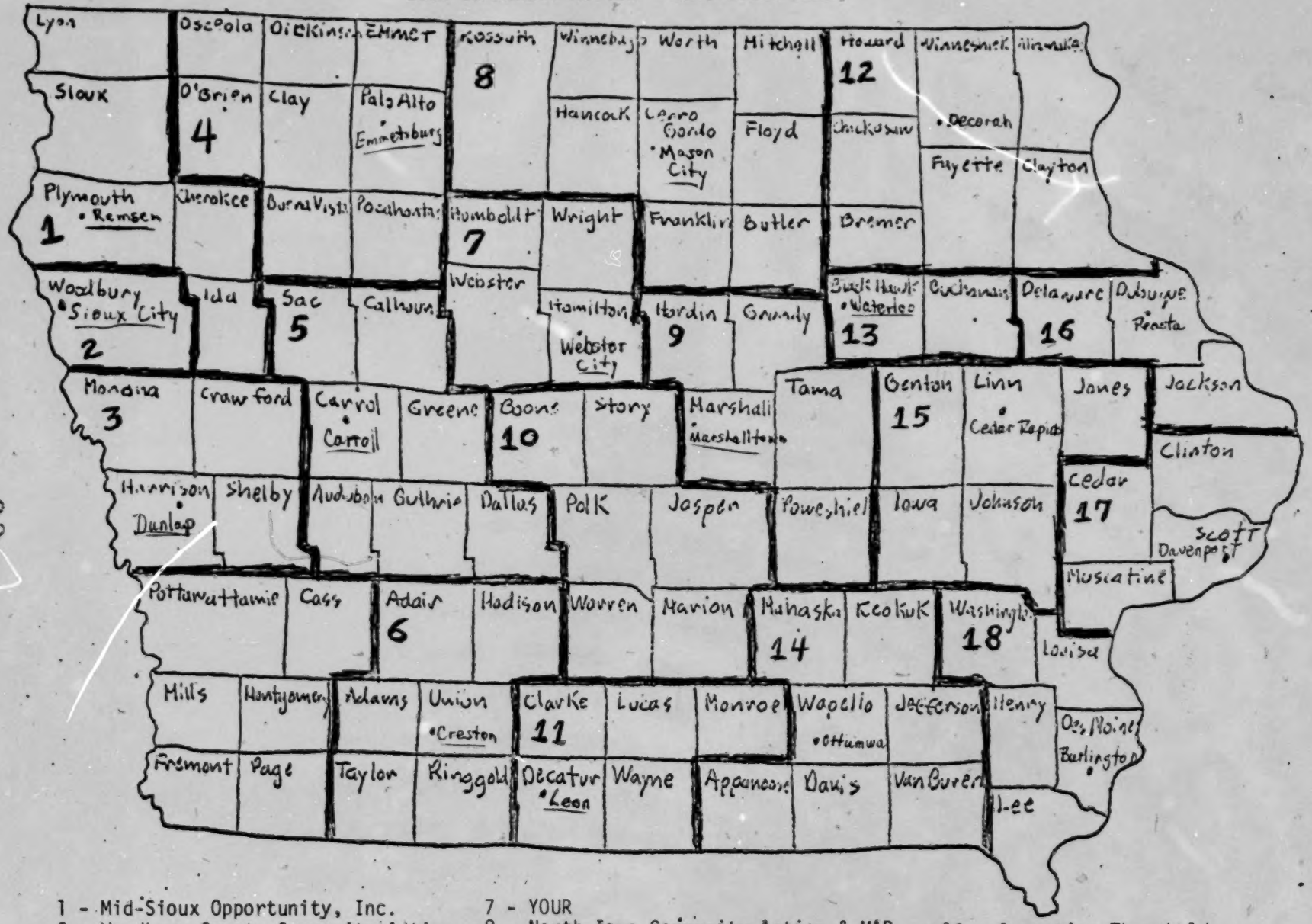
Community Action Agency	Head Start Director
7A. MAP (Migrant Action Program)	Box 778 220 East State Mason City, Iowa 50401 Ph. 515-423-7572
8. Mid-Iowa Community Action	Gene Organ Masonic Temple Bldg., Room 209 30 S. First Avenue Marshalltown, Iowa 50158 Ph. 515-752-6162, 63 515-484-5011 (Toledo Office)
9. Greater Opportunities	Doris Tucker 203 Plymouth Building Des Moines, Iowa 50309 Ph. 515-288-6051 and Harriette Bruce 1800 Grand Avenue Des Moines Public Schools Board of Education Des Moines, Iowa 50307 Ph. 515-284-7733
10. South Central Iowa CAP	Diane Riley 1201 North Church Leon, Iowa 50144 Ph. 515-446-4155
11. Northeast Iowa Community Action Corporation	Mailing Address: Ann Gearhart Box 30 Decorah, Iowa 52101 Ph. 319-382-2946 Office Location: Security Bank Building
12. Operation Threshold	Arietta Magee P.O. Box 3087 Head Start Evansdale, Iowa 50705 Ph. 319-235-0383

COMMUNITY ACTION AND HEAD START AGENCIES
Page 3

Community Action Agency	Head Start Director
13. SIEDA (Southern Iowa Economic Development Association)	Shirley Baird Hoffman Building Ottumwa, Iowa 52501 Ph. 515-683-1609
14. Operation New View	Sheryl Meakin Box 152 Peosta, Iowa 52068 Ph. 319-556-5130
15. Hawkeye Area Community Action Program (HACAP)	Carol Chadwick 105 8th Avenue S.E. Cedar Rapids, Iowa 52401 Ph. 319-366-7631 319-351-8550, Iowa City
16. Iowa East Central TRAIN	Paul Pohlson 1326 West 3rd Street Davenport, Iowa 52802 Ph. 319-324-3235
17. Southeast Iowa Community Action Organization, Inc.	Sharon Ford 720½ Jefferson Burlington, Iowa 52601 Ph. 319-752-2719

IOWA COMMUNITY ACTION - HEAD START AREAS



1 - Mid-Sioux Opportunity, Inc.
2 - Woodbury County Community Action
3 - West Central Development Corp.
4 - Upper Des Moines Opportunity
5 - Community Opportunity
6 - MATURA
7 - YOUR
8 - North Iowa Community Action & MAP
9 - MICA
10 - Greater Opportunities
11 - South Central Iowa CAP
12 - Northeast Iowa Community Action
13 - Operation Threshold
14 - SIEDA
15 - HACAP
16 - Operation New View
17 - Iowa East Central TRAIN
18 - Southeast Iowa Community Action

DIAGNOSTIC CRITERIA FOR REPORTING HANDICAPPED CHILDREN IN HEAD START ACCORDING TO THE OFFICE OF CHILD DEVELOPMENT

All children reported in the following categories* must have been diagnosed by the appropriate professionals who work with children with these conditions and have certification and/or licensure to make these diagnoses.

BLINDNESS

A child shall be reported as blind when any one of the following exist: (a) child is sightless or who has such limited vision that he/she must rely on hearing and touch as his/her chief means of learning; (b) a determination of legal blindness in the state of residence has been made; (c) central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

VISUAL IMPAIRMENT

A child shall be reported as visually impaired if central acuity, with corrective lenses, does not exceed 20/70 in either eye, but who is not blind; or whose visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or who suffers any other loss of visual function that will restrict learning processes, e.g. faulty muscular action. Not to be included in this category are persons whose vision with eyeglasses is normal or nearly so.

DEAFNESS

A child shall be reported as deaf when any one of the following exist: (a) his/her hearing is extremely defective so as to be essentially non-functional for the ordinary purposes of life; (b) hearing loss is greater than 92 decibels (ANSI 1969) in the better ear; (c) legal determination of deafness in the state of residence.

HEARING IMPAIRMENT

A child shall be reported as hearing impaired when any one of the following exist: (a) the child has slightly to severely defective hearing, as determined by his/her ability to use residual hearing in daily life, sometimes with the use of a hearing aid; (b) hearing loss from 26-92 decibels (ANSI, 1969) in the better ear.

* Multiple Handicaps: Child will be reported as having multiple handicaps when in addition to their primary or most disabling handicap one or more other handicapping conditions are present.

PHYSICAL HANDICAP (ORTHOPEDIC HANDICAP)

A child shall be reported as crippled or with an orthopedic handicap who has a condition which prohibits or impedes normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or diseases; these conditions include for example, spina bifida, loss of or deformed limbs, burns which cause contractures, cerebral palsy.

SPEECH IMPAIRMENT

A child shall be reported as speech impaired with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional, and/or educational achievement; and speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping conditions, and other sensory and health impairments. This category excludes conditions of a transitional nature consequent to the early developmental processes of the child.

HEALTH OR DEVELOPMENTAL IMPAIRMENT

These impairments refer to illnesses of a chronic nature or with prolonged convalescence including, but not limited to, epilepsy, hemophilia, severe asthma, severe cardiac conditions, severe anemia or malnutrition, diabetes, or neurological disorders.

MENTAL RETARDATION

A child shall be considered mentally retarded who, during the early developmental period, exhibits significant sub-average intellectual functioning accompanied by impairment in adaptive behavior. In any determination of intellectual functioning using standardized tests that lack adequate norms for all racial/ethnic groups at the preschool age, adequate consideration should be given to cultural influences as well as ages and developmental level (i.e. finding of a low I.Q. is never by itself sufficient to make the diagnosis of mental retardation.)

SERIOUS EMOTIONAL DISTURBANCE

A child shall be considered seriously emotionally disturbed who is identified by professionally qualified personnel (psychologist or psychiatrist) as requiring special services. This definition would include but not be limited to the following conditions: dangerously aggressive towards others, self-destructive, severely withdrawn and noncommunicative, hyperactive to the extent that it affects adaptive behavior, severely anxious, depressed or phobic, psychotic or autistic.

SPECIFIC LEARNING DISABILITIES

Children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantage. For preschool children, precursor functions to understanding and using language spoken or written, and computational or reasoning abilities are included. (Professionals considered qualified to make this diagnosis are physicians and psychologists with evidence of special training in the diagnosis of learning disabilities and at least master's degree level special educators with evidence of special training in the diagnosis of learning disabilities).

SPECIAL EDUCATION IN IOWA

The Constitution of the United States and of Iowa guarantees to all people equal protection under the law.

The court decisions rendered in 1971 and 1972 had a far-reaching effect on legislation passed by states for the education of handicapped children. In Iowa, the State Board of Public Instruction at the request of advocate organizations began to review Iowa's school laws and the policies of the Department of Public Instruction in relation to the education of handicapped children. The Iowa Legislature recognized that many local school districts were not providing programs adequate to meet the needs of handicapped children and that the state itself passively supported the policy of excluding the multiply and profoundly handicapped child from a free public education. The Legislature initiated an interim study committee to develop legislation which addressed the education of all handicapped children and a funding mechanism to make this possible. The results of the study committee's work became known as Senate File 1163 or the Area Education Agency Bill. The General Assembly passed Senate File 1163 in 1974 with an effective date for implementation of July 1, 1975.

The area education agency is a service agency to local school districts and must help a local school provide the special education services and programs needed by children. To do this the AEA can contract with local school districts, other area education agencies or private agencies. When programs and services are provided through contract, the AEA is responsible for insuring the quality and appropriateness of the services. Payments may be conditioned on the proper delivery of the services.

The state of Iowa is divided into 15 area education agencies. The AEA also is responsible for:

1. Developing a yearly plan for providing special education in the area, including transportation.

2. Maintaining records and reports required by the Department of Public Instruction.

3. Maintaining on file the rules, policies and procedures developed by your local school district and the AEA which deal with special education.

4. Making sure that all rules for programs and services are observed in extended year or vacation period programs for children enrolled in special education.

5. Enforcing all laws and rules and regulations of the State Department of Public Instruction relating to transportation.

IOWA DEPARTMENT OF PUBLIC INSTRUCTION

AREA EDUCATION AGENCY DIRECTORS
OF SPECIAL EDUCATION

Area 1 Eugene Pratt
Special Education Director
Box 250
Elkader, Iowa 52403
319/245-1973

Area 2 Harold Webb
Special Education Director
P.O. Box "M"
Clear Lake, Iowa 50428
515-257-6125

Area 3 Dixey Morrison
Special Education Director
Administrative Center
Cylinder, Iowa 50528
712/424-3211

Area 4 Robert Tegeler
Special Education Director
102 S. Main Avenue
Sioux Center, Iowa 51250
712/722-4374

Area 5 Frederick Krueger
Special Education Director
1909 First Avenue North
Fort Dodge, Iowa 50501
515/576-7434

Area 6 Larry X. Keele, Ph.D.
Special Education Director
9 Westwood Drive
Marshalltown, Iowa 50158
515/752-1578

Area 7 Wayne Mooers
Special Education Director
3712 Cedar Heights
Cedar Falls, Iowa 50613
319/277-3330

Area 9 Vernon L. Vance, Ph.D.
Special Education Director
2604 W. Locust
Davenport, Iowa 52804
319/391-0400

Area 10 Myron W. Rodee, Ph.D.
Special Education Director
4401 6th Street S.W.
Cedar Rapids, Iowa 52401
319/366-7601

Area 11 Robert Gibson, Ph.D.
Special Education Director
1932 Ordinance
Ankeny, Iowa 50021
515/964-2550

Area 12 Lloyd Bach, Ph.D.
Special Education Director
1520 Morningside Avenue
Sioux City, Iowa 51106
712/279-6443

Area 13 James P. Ziolkowski
Special Education Director
Halverson Center for Education
R.R. 1
Council Bluffs, Iowa 51501
712-366-0503

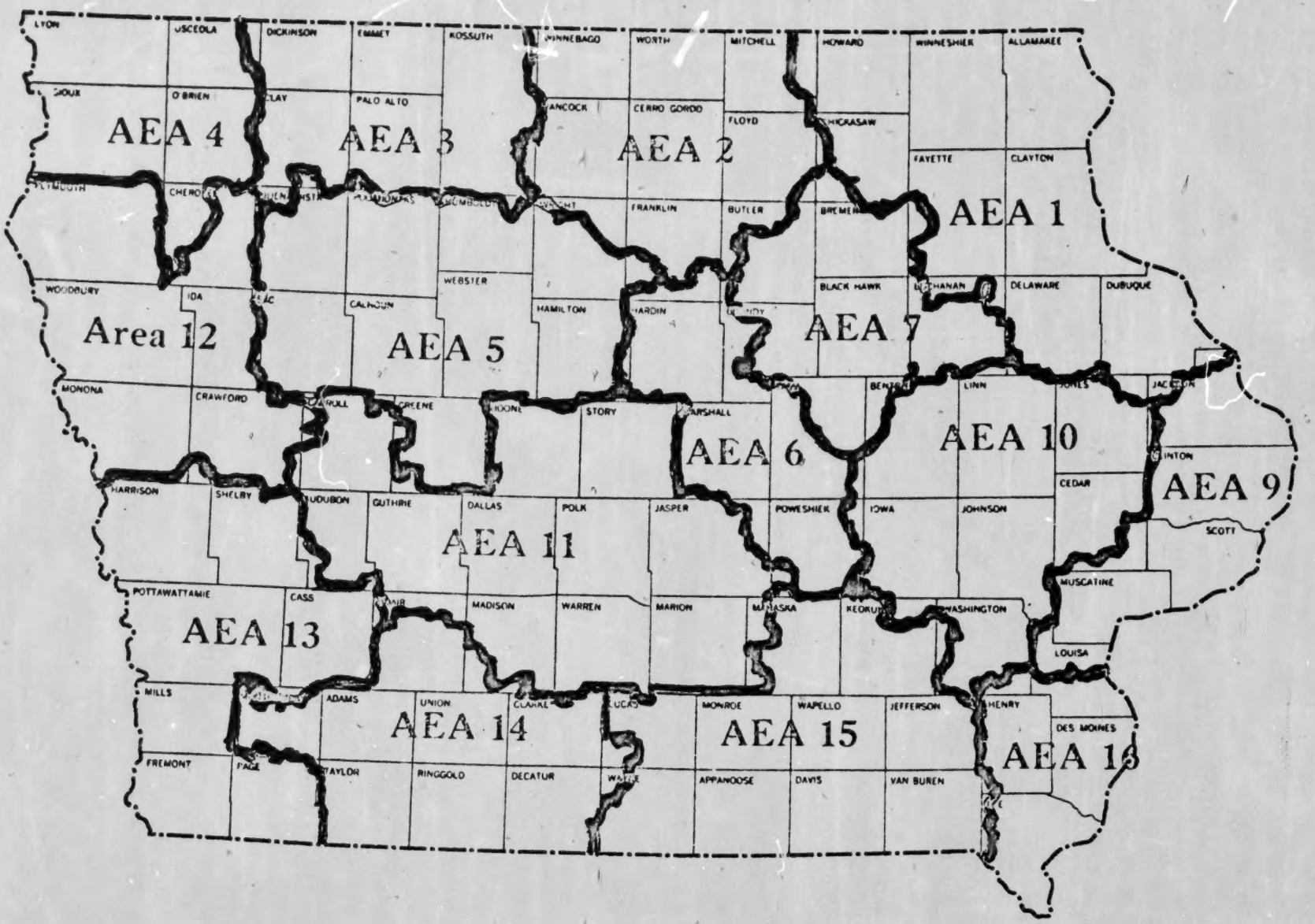
Area 14 Peter A. Malmberg
Special Education Director
Green Valley AEA 14
1501 Townline
Creston, Iowa 50801
515/782-8443

Area 15 Dean Jacobs
Special Education Director
Ottumwa Industrial Airport
Building #40
Ottumwa, Iowa 52501
515/682-8591

Area 16 William Johnson, Ph.D.
Special Education Director
Box 207
Henry County School System
Mt. Pleasant, Iowa 52641
319/385-9241

2100-B61388-10/74

Iowa AREA Education Agencies
1974-75



DEVELOPMENTAL DISABILITIES

The Federal Disabilities Act of 1970 authorized assistance to states for planning, providing services and constructing facilities to meet the current and future needs of the developmentally disabled. The Iowa program for the developmentally disabled is administered through the Office for Planning and Programming. The Developmental Disabilities (D.D.) staff is responsible for supervising the state's 16 planning areas. The D.D. program works in conjunction with other state and voluntary agencies currently providing services to the developmentally disabled. Assistance is also provided to these agencies by way of funding and planning efforts.

As part of their assistance to the developmentally disabled, a Community Services Directory for most of the 16 planning areas has been compiled. The directories list services in each area for the developmentally disabled. For a copy of the Community Services Directory for your area, write your respective area representative (see page

DEVELOPMENTAL DISABILITIES
AREA REPRESENTATIVES

AREA I
Mr. Joseph P. Deeney
201 1st Avenue, S.W.
Waukon, Iowa 52172
319/568-2185

AREA II
Mrs. Wanda Schnebly Council
Winnebago Handicapped Member
Services, Inc.
835 South 7th Street
Forest City, Iowa 50436
515/582-3050

AREA III
Mr. Terry G. Nelson
Iowa Lakes Community College
3200 College Drive
Emmetsburg, Iowa 50536

AREA IV
Mr. Steven R. King
Plymouth County Work
Activity Center
315 First Avenue, S.W.
Le Mars, Iowa 51031
712/546-4786

AREA V
Constance Hadden Council
611 2nd Ave., South Member
Humboldt, Iowa 50538
515/332-4580

AREA VI
Mr. Glen Romine
Pleasant Hill Developmental
Center
909 South 12th
Marshalltown, Iowa 50158
515/753-3564

AREA VII
Frances Mills
226 Alta/Vista
Waterloo, Iowa 50703

AREA VIII
Mrs. Elaine Barwick
Hills & Dales Child
Developmental Center
1011 Davis
Dubuque, Iowa 52001
319/566-7878

AREA IX
Mr. Michael F. McAleer
765 Schmidt Road
Davenport, Iowa 52802
319/326-2549

AREA XI
Pat Dunham
129 South Oak
Ames, Iowa 50010

AREA XII
Mr. Everett M. Crane
Vail, Iowa 51465
712/263-4956

AREA XIII
Mr. Melvin A Dawson
Concerned, Inc.
2212 - 8th Street
Harlan, Iowa 51537

AREA XIV
Mrs. Martha Smith
Rural Route 2
Creston, Iowa 50801
515/782-7292

AREA XV
Mrs. Marilyn G. Boley
Director
Department of Social Services
Van Buren County
Keosauqua, Iowa 52565

AREA XVI
Mrs. Evangeline Burkle
c/O Rev. Gary Walker
Route 2
Wapello, Iowa 52653
319/523-3297

DEVELOPMENT DISABILITIES
COUNCIL AREAS

Area Assignments

Hemphill - 1,2,6,8,9,10
Colgan - 7,11,14,15,16
Miles - 3,4,5,12,13

THE EASTER SEAL SOCIETY for Crippled Children and Adults of Iowa, Inc.

Regional Offices and Directors:

Jerry Crosser
Central Iowa
Camp Sunnyside
P.O. 4002
Des Moines, Iowa 50333
515/289-1933

Mike Mikkelsen
Northwest Iowa Regional Office
216 East 5th
Storm Lake, Iowa 50588

David Brustkem
Northeast Iowa Regional Office
1513 S. Pennsylvania Avenue
Mason City, Iowa 50401

Dan Schoenthal
Northeast Iowa Sub-Regional Office
22½ S. Frederick Avenue
Oelwein, Iowa 50662

Greg Gienapp
Southwest Iowa Regional Office
Agriculture Plaza Building
124 North Elm
Creston, Iowa 50801

Jim McCabe
Southeast Iowa Regional Office
Colonial Park
1027 Hollywood Boulevard, Suite 215
Iowa City, Iowa 52240

STATE AGENCIES

Department of Public Instruction (DPI)
Grimes State Office Building
Des Moines, Iowa 50319
515/281-3176 (Special Education)
Joan Clary, Pre-School Handicap Coordinator

Department of Social Services (DSS)
Lucas State Office Building
Des Moines, Iowa 50319
515/281-3060
Larry Jackson, Education Coordinator

Developmental Disabilities, Inc. (D.D.)
Office for Planning & Programming (OPP)
523 E. 12th Street
Des Moines, Iowa 50319
515/281-3972
Clell Hemphill, Executive Director

State Services for Crippled Children (SSCC)
Oakdale Campus
University of Iowa
Oakdale, Iowa 52319
319/353-2594
Thomas Hulme, Field Services Director

Iowa Association for Retarded Citizens
1717 High Street
Des Moines, Iowa 50319
515/283-2358
Helen Henderson, Executive Director

United Cerebral Palsy of Iowa
5741 University Avenue
Des Moines, Iowa 50319
515/274-4185
George Ludwig, Executive Director

State Department of Health
Lucas State Office Building
Des Moines, Iowa 50319
515/281-5011 (for information)

National Easter Seal Library & Information Center
2023 West Ogden Avenue
Chicago, Illinois 60612

The Easter Seal Society for Crippled Children and Adults of Iowa, Inc.
P.O. Box 4002
Des Moines, Iowa 50333
515/289-1933

Midwest Area Learning Resource Centers (ALRC)
1336 - 26th Street
Drake University
Des Moines, Iowa 50311
515/271-3951
Kay Kramer, Director

Iowa Commission for the Blind
4th & Keosauqua
Des Moines, Iowa 50309
515/283-2601
Kenneth Jernigan

Midwest Regional Resource Center
1332 - 26th Street
Drake University
Des Moines, Iowa 50311
515/271-3936
Raymond L. Feltner, Project Director

Woodward State Hospital School
Woodward, Iowa 50276
515/438-2600

Glenwood State Hospital School
Glenwood, Iowa 51534
712/527-4811

Marshalltown Project
Director: Jack Montgomery
507 East Anson
Marshalltown, Iowa 50158
515/752-1723

PACE Project
Training Coordinator: Jill Crozier
Area Residential Care
2909 Kaufman
Dubuque, Iowa 52001
319/583-1746

REGIONAL RESOURCES

Office of Child Development, Region VII
601 East 12th
Federal Building, 3rd Floor
Kansas City, Missouri 64106

Specialist, Handicapped - Tom Mayer
816/374-3529

Director of Child Development - Richard Schrader
816/374-5805

Community Representatives - George Kueschler, Matoi Satomi
816/374-5805

Wanda Tufts, Regional Health Liaison Specialist
1125 Grand Traders National Bank, Suite 2000
Kansas City, Missouri 64106
816/221-5995

Regional Child Abuse and Neglect Resource Center
Institute of Child Behavior and Development
The University of Iowa
Oakdale, Iowa 52319
319/353-4791

Shirley Karas, Head Start Training Manager
Head Start Training Office
Department of Child Development
Richards House
Iowa State University
Ames, Iowa 50010
515/294-8877

PROFESSIONAL ORGANIZATIONS & MEMBERSHIP INFORMATION

National Association for the Education of Young Children
1834 Connecticut Avenue N.W.
Washington D.C. 20009
202/232-8777
Membership includes state IAEYC membership, newsletter (Young Children)
Dues: $15.00

Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091
800/336-3728
Publications: Newsletter, ERIC,(Clearinghouse) Exceptional Children
Teaching Exceptional Children
Dues: $25.00

American Association on Mental Deficiency
5201 Connecticut Avenue N.W.
Washington D.C. 20015
Publications: American Journal of Mental Deficiency
Dues: $25.00

Closer Look
Box 1492
Washington, D.C. 20013
Periodic reports - mainly for parents to help them find information regarding specific handicaps.

The American Association for the Education of the Severely/Profoundly Handicapped (AAESPH)
Dr. Norris G. Haring, Director
Experimental Education Unit
CDMRC, WJ-10
University of Washington
Seattle, Washington 98195
Publications: Newsletter, materials (disseminated 5 times per year)
Dues: $10 (membership)
$15 (subscription)

Psychology Department
Educational Research Council of America
Rockefeller Building
Cleveland, Ohio 44113

Superintendent of Documents
U.S. Printing Office
Washington, D.C. 20402

Day Care and Child Development Council
1201 K Street N.W., Washington, D.C. 20005

WENDELL JOHNSON SPEECH & HEARING CENTER

University of Iowa
Iowa City, Iowa 52242
(319) 353-5463

General Information

Services of the Clinic are of three types: (1) outclinic evaluation and consultation services for children and adults with speech, language and/or hearing problems; (2) day-clinic habilitation or rehabilitation service programs for such children and adults who can come to the Clinic for such service; and (3) a Summer Residential Program for children with speech, language, hearing and/or reading problems.

The Clinic is accredited by the Professional Services Board of the American Board of Examiners in Speech Pathology and Audiology. The staff includes a school psychologist, and evaluations and consultations by physicians and other health care professions of the University frequently can be arranged when appropriate.

Fees are charged for services given. Payment of fees may be reduced or waived for those individuals unable to pay the regular fees. Upon request for reduction or waiver of fees, the fee that is to be paid will be established after review of the reasons for the request.

Persons who receive services are not required to be patients of the University of Iowa Hospitals. Persons living anywhere may receive service and, with the exception of the Summer Residential Program, there are no age restrictions. Referrals from any source, including self-referrals, are accepted.

Outclinic Service

Requests for outclinic evaluations should include as complete a description and background of the problem as possible. Receipt of such information permits much more efficient service once the individual to be evaluated comes to the Clinic. Frequently, it is necessary to require additional information other than that initially sent prior to scheduling an appointment; in such cases, additional information will be requested before the evaluation is scheduled.

The length of time an individual must wait to be seen varies, but some delays are to be expected. Outclinic service is limited through June, July and August.

Dayclinic Habilitation or Rehabilitation Service Programs

An outclinic evaluation is usually required prior to scheduling a clinic program to assist the individual in improving and/or adjusting

to his or her communication problem. Such therapy programs usually can be arranged if the child or adult who has such problems can come to the Clinic on a regularly scheduled basis. Depending upon the needs of the individual and staff availability, such service may be scheduled for a number of hours daily or on a less frequent basis.

Summer Residential Program

In conjunction with the Reading Clinic of the University of Iowa, a six-week residential program for approximately 50 to 60 children is conducted each summer. This program is for children who need intensive speech and language work and/or assistance learning to read.

For speech and/or language work, children for this program must be between 8 and 16 years of age. Also, they must be judged (a) to be able to profit from intensive therapy, (b) to be sufficiently motivated to cooperate in the program, and (c) to be sufficiently mature to adjust to being away from home. Children with any type of speech and/or language problem are considered for admission to this program, irrespective of the cause of the problem. Children will not be accepted if their prime need for a residential program is due to maladjustment, mental retardation, or other psychological or social problems.

For the reading clinic program, students must be between the ages of 8 and 10; they must be of at least average intelligence and listening ability. Their reading skills must be so deficient as to require individual teaching. They must also be able to profit from the opportunity to participate in a classroom where no reading or writing ability is required, and they must be sufficiently mature to adjust to being away from home.

For a child to be considered for a reading problem only, inquiries can be directed to the Director, Children's Reading Clinic, East Hall, University of Iowa, Iowa City, Iowa 52242.

Speech and/or language work is designed to meet the needs of each child. Typically, a child is scheduled for two or three daily individual periods and one or more periods of group speech and language work per day. Children who need assistance only with their reading are routinely given an hour of individual help daily with reading skills. Group instruction in social studies, science and mathematics by listening and doing rather than by reading is also provided daily. For children who need help with both their oral communication and reading skills, combined programs can be arranged according to individual needs.

Children live in one of the University dormitories through the six-week period. Meals are served in a dormitory cafeteria. A staff of counselors live with the children, and recreational and cultural activities are planned and supervised during nonclinic hours. Among these activities are swimming, hikes, baseball, picnics, games, parties, movies, music, and a craft program.

A staff physician is available to manage any health problems, and the psychologist assists the staff in helping children resolve any adjustment problems.

Tuition for the 1975 Summer Residential Program was $125.00. In addition, there was a charge of $260.00 to cover meals, room fees and incidental expenses, such as laundry charges and personal allowances. There may be a slight increase in charges for the 1976 program. The Administrative Assistant for the Clinic is available to work with families and state-wide or local agencies if financial assistance is desired.

The 1976 Summer Residential Program will begin June 7 and end July 16. Routinely, oupatient evaluations are required prior to April 1, for children to be considered for enrollment in the subsequent summer's program.

INFORMATION FOR PARENTS

1976 SUMMER RESIDENTIAL SPEECH, HEARING AND READING CLINIC PROGRAM
University of Iowa, Iowa City, Iowa

Each summer a 6 week residential program is conducted for children with speech, hearing and reading problems.

What kind of help will my child receive? Intensive therapy is scheduled to meet each child's particular needs. Children with speech and hearing problems work for 3 to 4 hours daily in both individual and group sessions. Children with reading problems attend a classroom session where social studies, mathematics and science are learned by listening and doing rather than be reading. In addition these children receive an hour of individual reading help daily.

Is my child eligible? Children with speech and hearing problems between the ages of 8 to 16 are eligible. They must be able to profit from intensive therapy and be mature and self sufficient enough to adjust to being away from home. All types of problems are considered, including functional voice, articulation and language disorders, stuttering, speech problems related to cleft palate and hearing loss.

Children with reading problems between the ages of 8 and 10 are eligible. They must have at least average intelligence or listening ability and their reading skills so deficient as to require clinical teaching. They must be able to profit from a classroom where no reading or writing is required and be sufficiently mature to adjust to being away from home.

Where will my child live? Boys and girls live in the South Quadrangle University Dormitory, rented and operated during the summer by the Clinic. Meals are served in the Quadrangle Cafeteria. The children are supervised by a staff of experienced counselors and their medical needs by a pediatrician. A recreation supervisor organizes leisure time activities. The children enjoy swimming, baseball, other active sports, hikes, picnics, parties, movies, visits to the art museum and theater, and a crafts program. The recreation program is varied and is individualized to appeal to each child's special interest.

How much progress can I expect in 6 short weeks? We don't pretend to be able to completely eliminate your child's communication or reading problem in six weeks. We do feel that one of the greatest advantages to be gained is the improvement of the child's self-confidence and self-worth. When he returns to his home and school, he is willing to try again. In addition to giving your child encouragement, we also have the benefit of our summer's work in preparing diagnostic reports and recommendations for the school program in the succeeding year. Often times, the next year of help in his own school situation is where the "pay off" on our summer's work will be realized.

When is the 1976 Summer Residential Program? Monday, June 7 through Friday, July 16. Children register on Sunday, June 6. Parents Visiting Day is Sunday, June 27. Final parent conferences will be scheduled on Thursday, July 15 and Friday, July 16. After your parent conference, your child will go home with you.

What is the cost per child? Tuition for the 1975 Summer Residential Program was $125.00. In addition, there was a charge of $260.00 to cover meals, room fees and incidental expenses, such as laundry, special activities and personal allowances. There may be a slight increase in charges for the 1976 program. A member of the clinic staff is available to work with families and state-wide or local agencies if financial assistance is desired.

How do I apply? All children who are interested in attending the 1976 summer program must be scheduled for a diagnostic evaluation prior to April 1, 1976. For a speech and hearing evaluation, or for further information, write to: The Director, University of Iowa Speech and Hearing Clinic, Wendell Johnson Speech and Hearing Center, University of Iowa, Iowa City, Iowa 52242. For a reading evaluation, contact Dr. Joyce Hood, Director, Children's Reading Clinic, East Hall, University of Iowa, Iowa City, Iowa 52242

UNIVERSITY OF IOWA

CHILD DEVELOPMENT CLINIC

Who We Are

The Child Development Clinic is an outpatient facility that is a division of the Department of Pediatrics in the University Hospitals.

The primary role of the Child Development Clinic is to serve as a diagnostic clinic for developmental, learning and behavioral problems in children. Once the problems are delineated, the child is returned to his personal physician and the resources of the local community with appropriate recommendations. In selected cases, short-term therapy may be provided by the Clinic.

Who We Serve

The Clinic will provide a comprehensive study of any child under 18 years of age who has problems in the following areas: (1) Development; (2) Poor school performance or learning disability; (3) Hyperactivity; (4) Behavior problems; (5) Psychological problems associated with medical conditions.

Getting Here

Request for a Child Development Clinic appointment may be phoned or mailed directly to the Child Development Clinic by a physician. In special cases, only with the approval of the AEA Director of Special Education, referrals may be made directly to the Child Development Clinic by the Area Education Agency. The parents are then notified of the referral.

Enclosed in the notification to the parents are:

1. This brochure;

2. Questionnaire - to be filled out by the parents and returned as soon as possible to the Clinic. From this information, appointments for necessary consultations (eye, ear, nose, and throat) and laboratory procedures (EEG, blood tests) can be made in advance; and

3. Release forms - to be signed by a parent and returned with the questionnaire. A release form must be submitted to each center or clinic where previous examinations were performed before they can release this information to the Child Development Clinic.

A form letter is also sent out to social welfare, public health nursing, and other agencies as indicated, asking that the child's social and health

history be compiled and sent to the Child Development Clinic before the Clinic appointment. This information is usually secured through home visits by local health and social service personnel. When the child is of school age, information is also sought from the schools.

After all the material is received, the appointment is made and the private physician, school, and family are notified of the appointment date. Appropriate local professionals are invited to attend the Clinic.

Financial arrangements in the Department of Pediatrics are the same as for any other department of University Hospitals.

What Happens on the Clinic Day

(Both parents should plan to accompany the child.) A complete evaluation normally takes one day, except when other consultations are needed. It is important that the family be fresh and rested for this long day of examination. It is suggested that those coming from a distance arrive in Iowa City the evening before. Overnight accommodations can be obtained near the hospital. Allow adequate time for breakfast. The Clinic starts promptly at 8:00 a.m. Parents and child should plan to arrive no later than 7:50 a.m. Late arrival may require rescheduling of the appointment.

The patient and the parents are seen by a pediatrician, psychologist, educational consultant, social worker, public health nurse, speech and hearing consultant, and dentist.

After the child and his parents have been seen, the staff meets to share observations, review the reports from the school authorities and other agencies, and formulate recommendations. Community professionals often attend and participate.

One member of the staff then sits down with the parents and discusses the findings and the recommendations. During this time, when appropriate, another member of the staff talks with the child. A detailed technical report is sent to all appropriate agencies.

Research and Education

The Clinic, like other University departments, has a threefold program of service, education, and research. Educational opportunities are provided for students in various disciplines to learn more about this group of children and their problems.

Research is constantly being carried out in the Child Development Clinic by all members of the staff. The problems of developmental disorders are investigated from many different viewpoints, because only from this comprehensive approach can the needs of these children and their families be understood and satisfied.

The Clinic welcomes comments about all of its endeavors.

UNIVERSITY OF IOWA

UNIVERSITY HOSPITAL SCHOOL

Presented for your consideration is a brief account of ongoing services of the University Hospital School. These services may be able to help provide greater benefits to your staff and developmentally disabled clients in your area. Greatest concern at this time is for those handicapped children and young people for whom schools are expected to provide appropriate programs, especially in regard to the therapy aspects.

The following is an attempt to inform you of certain consultative services which are available to your agency through the University Hospital School. This program has accomplished 4,173 admissions to the University Hospital School and total client contacts of 25,373 since the program began in 1948.

Outpatient Evaluation and Guidance

This part of the operation is staffed by qualified pediatricians, pediatric nurse practitioners, physical therapists, occupational therapists, speech and hearing clinicians, social workers, and psychologists. It accomplishes a team approach and is in operation five days weekly at the University Hospital School. Recommendations are made therefrom for follow-up care in the home community as much as possible. The attempt is made to provide consultative services for the following types of clients:

- Children and young people with major physical and learning disabilities
- Those with significant organic speech and hearing problems in connection with other disabilities
- Children and young people in need of intensive therapy

Inpatient Care and Education at the University Hospital School

This program is for those requiring more in depth appraisal and management over a period of time. It requires efforts on the part of this staff to determine the best means of physical and educational management which hopefully can be subsequently carried out in the home community. Staff with expertise in special education, speech, medical aspects, therapy, psychology, social work, nursing and counseling may be the providers of services for the following types of clients:

- Children and young people with severe physical and learning disabilities
- Severely disabled children and young people with associated severe speech and hearing problems
- Children and young people whose progress is unusually slow due to the severity of their disabilities

Consultative Services on Behalf of Clients

"Outreach consultation" is available for follow-up guidance for the following types of children:

- Clients who have had previous training in the University Hospital School
- Clients who have been discharged to their homes and communities but need continuing guidance and appraisal
- Clients who are recently discharged from the Hospital School and are now receiving services in their communities

Further Training of Health Personnel

Further short term training of teachers, therapists, attendants, or for aides with disabled children in local facilities, can be arranged for in local communities or at the University Hospital School. This may be accomplished on a one-day basis but more preferably at least a two- or three-day span. Arrangements can be made according to the wishes of the inquirer(s) to be involved with such training activity. It is for those deeply concerned with the following types of children:

- Children and young people with physical handicaps that influence their education
- Children and young people who have been under University Hospital School care in the past that are now in their local facilities
- Children with unusual educational problems as a part of their learning disabilities and need for special measures

Day School Program for the Mentally Retarded

Approximately 60 mentally retarded children and young people are involved in this school program. Mostly, they live in their own homes or "Systems" homes in the Iowa City area. Special education and a broad range of training activities comprise their programs. Attempts are made to prepare them for some useful activities when they leave this activity, at approximately 18 years of age.

- Severely retarded children and young people

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Method of inquiry, client referral to the Hospital School or for further information relative to personnel training, please direct inquiry as follows:

Director
University Hospital School
University of Iowa
Iowa City, Iowa 52242

UNIVERSITY OF IOWA

OUTPATIENT CLINIC, DEPARTMENT OF PEDIATRICS

The Outpatient Clinic of the Department of Pediatrics provides diagnostic and treatment services for all types of child health problems, including services for children with related educational problems.

Services Offered

Patients with educationally related problems will be seen in the Pediatrics General Diagnostic Clinic, where they will receive a complete pediatric examination that will include any appropriate laboratory examinations.

The Pediatric Clinic includes subspecialty clinics for Allergy, Cardiology, Endocrinology, Genetics, Hematology, Infectious disease, Muscular diseases, Nephrology, and Neurology. This makes all subspecialty examinations available to each child.

With few exceptions, these children are seen by a clinical psychologist, and the majority are seen by speech and hearing examiners. At the end of the day, the pediatric staff members who have been involved with the child's care discuss the case. If there are acute problems or if there is a need for more information, the referent is called at that time. The findings and the recommendations are then discussed with the family.

The reports of the examinations are sent to the referring physician and, upon family request, are sent to the involved Area Education Agency.

If follow-up services are needed, the patient will be referred to the SSCC program to be seen at a field Child Health Clinic and/or to have a representative of the SSCC program provide follow-up services.

Transportation

The majority of families who come to the medical center use their own or public transportation, but there are some who need help with transportation. If approved by the county Social Welfare Department, the University ambulance system is available to these families.

Method of Referral

Patients are referred to the Pediatrics Clinic by physicians. Any Iowa physician can make an appointment by calling or writing the Pediatrics Clinic Scheduling Center (319-356-2229), University Hospitals and Clinics, Iowa City, Iowa 52242. The great majority of physicians in the state are acquainted with this procedure.

UNIVERSITY OF IOWA

IOWA STATE SERVICES FOR CRIPPLED CHILDREN

The Child Health Clinics held by the Iowa State Services for Crippled Children (SSCC) are an outreach and follow-up program of the Department of Pediatrics. They are conducted with the purpose of making diagnostic services more accessible to the children of the state.

Services Available to Children Referred by Area Education Agencies

General Child Health Clinics

The General Child Health Clinics are staffed by orthopedists, pediatricians, physical therapists, clinical psychologists, and speech and hearing consultants to provide consultative services for the following types of AEA eligible children:

- Children with physical handicaps that influence their education
- Children with chronic medical problems that require a multidisciplinary evaluation to establish a program of care that includes special arrangements for their education
- Hyperactive children with related educational problems
- Children with complex speech, language and hearing problems for which local speech clinicians and audiologists request additional evaluation
- Children with educational problems that stem from long-term behavior disturbances

Ear, Nose & Throat (ENT) Child Health Clinics

The ENT Child Health Clinics are staffed by audiologists, speech consultants, and otolaryngologists to provide consultative services for the following types of AEA eligible children:

- Children with ear and/or hearing problems
- Children who may need cosmetic surgery of the head and neck
- Children with velopharyngeal closure problems (clefts, short palate, etc.)
- Children with voice abnormalities
- Children with nasal problems (deviated septum, etc.)

The Manner in Which Clinics are Conducted

The professional people who are involved with the care of children in the community are encouraged to attend the clinic to discuss the child's problem with the examiners. It is our experience that such staffings are extremely valuable to both the clinic examiners and those responsible for the child's education in the community.

Referrals

The forms used for referring children to the Child Health Clinics are enclosed.

The Child Health Clinics will accept referrals from AEA personnel. If this is done, please write the referent's name in the "Referring Person Information" section. Under "Speciality or Position" please indicate which AEA is referring and the position of the referent.

You are encouraged to generously use the space marked "Referring Information" and "History of Problem." The more information you can provide the clinic, the better consultation the clinic can provide.

Under the section "Specific Questions to be Answered," you may request such items as "recommendations for a program of care," or "information about the use of medications," etc.

Clinic Schedule

A copy of the schedule for the Child Health Clinics for Fiscal Year 1977 is enclosed. You are encouraged to begin to plan for the referral of selected cases to the Child Health Clinic that is held in your region.

For assistance with clinic appointment, call the Scheduling Center at (319) 353-5428.

REGIONAL CONSULTANTS

IOWA STATE SERVICES FOR CRIPPLED CHILDREN

NORTHEAST IOWA

Gary Heckenlaible
Community Services Building
2530 University Avenue
P.O. Box 690
Waterloo, Iowa 50704
319/234-3750

SOUTHEAST IOWA

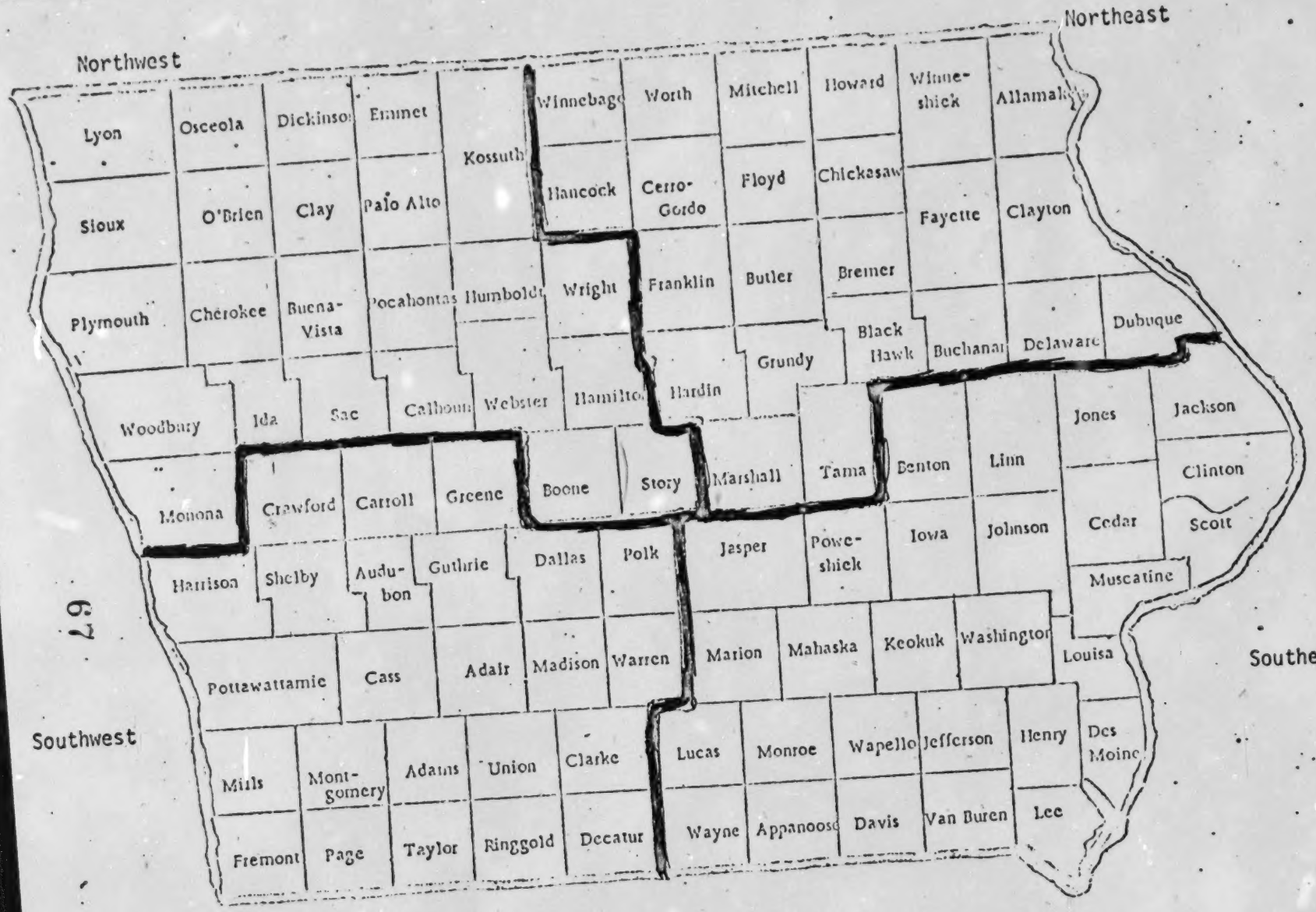
Alan D. Kardoff
Broadcast Center Building
211 E. 2nd, Room 104
Ottumwa, Iowa 52501
515/682-8145

NORTHWEST IOWA

Morris Kirchhof
Trinity East Hospital
720 S. 17th Street
Fort Dodge, Iowa 50501
515/573-2160

SOUTHWEST IOWA

Richard Abel
Creston, Iowa 50801
515/782-2063 (home phone)

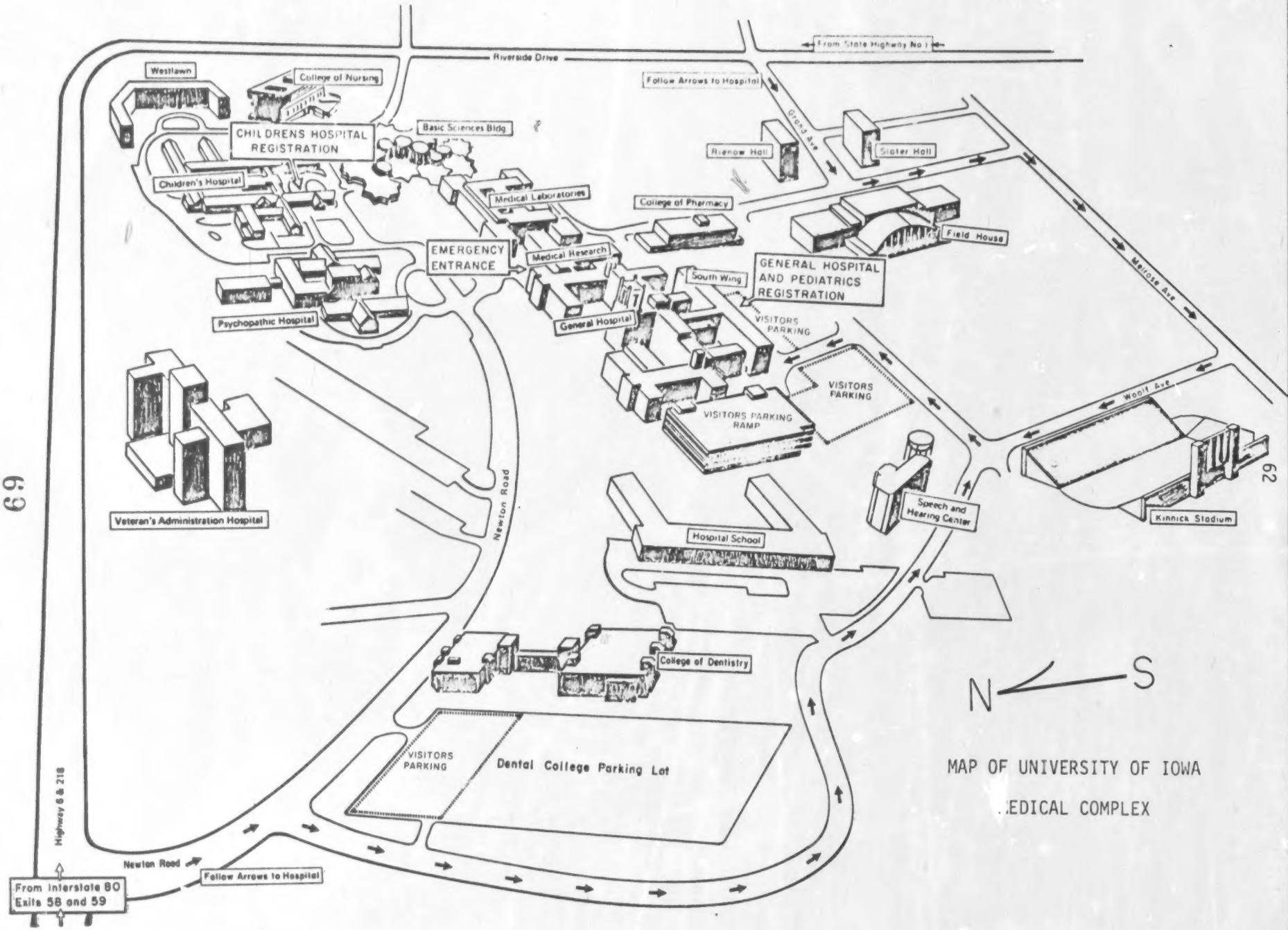


IOWA Regional Consultants' Areas
for State Services to Crippled Children

STATE SERVICES FOR CRIPPLED CHILDREN
FIELD CLINIC SCHEDULE
FISCAL YEAR 1977

DATE	GENERAL	CARDIAC	EAR, NOSE & THROAT	MUSCLE
Oct	Storm Lake 10/6/76 Red Oak 10/7/76	Waterloo 10/14 & 15/76 Burlington 10/28/76 Davenport 10/29/76	Waterloo 10/13/76 Sioux City 10/20/76 Pocahontas 10/21/76	Oakdale 10/27/76
Nov	Ottumwa 11/17/76 Burlington 11/18/76	Spencer 11/3 & 4/76 Ottumwa 11/16/76 Oakdale 11/23/76	Atlantic 11/9/76 Knoxville 11/10/76	Oakdale 11/24/76
Dec	Newton 12/2/76	Fort Dodge 12/16/76 Des Moines 12/17/76 Oakdale 12/22/76	Clear Lake 12/7/76 West Union 12/8/76	Des Moines 12/1/76
Jan 77	Sioux City 1/4/77 Fort Dodge 1/5/77	Sioux City 1/19 & 20/77 Davenport 1/25/77 Oakdale 1/26/77	Ottumwa 1/13/77 Ft. Madison 1/14/77	Cherokee 1/18/76
Feb	Oelwein 2/3/77 Red Oak 2/15/77 Knoxville 2/16/77	Decorah 2/8/77 Mason City 2/9 & 10/77	Cherokee 2/23/77 Carroll 2/24/77	
Mar	Denison 3/29/77 Boone 3/30/77	Red Oak 3/3/77 Des Moines 3/4/77 Dubuque 3/9 & 10/77 Oakdale 3/16/77	Decorah 3/22/77 Waterloo 3/23/77	Oakdale 3/2/77
April	Spencer 4/13/77 Mason City 4/14/77	Waterloo 4/5 & 6/77 Davenport 4/22/77	Spencer 4/26/77 Mason City 4/27/77	Oakdale 4/20/77
May	Fort Dodge 5/12/77 Marshalltown 5/13/77 Burlington 5/24/77	Oakdale 5/4/77 Ottumwa 5/25/77	Red Oak 5/17/77 Ottumwa 5/18/77	
June	Cherokee 6/8/77 Carroll 6/9/77 Decorah 6/21/77 Dubuque 6/22/77	Fort Dodge 6/1/77 Des Moines 6/2/77		Des Moines 6/3/77 Oakdale 6/15/77
July	Sheldon 7/20/77 Algona 7/21/77 Creston 7/28/77	Davenport 7/7/77 Sioux City 7/12, 13 & 14/77		
Aug		Oakdale 8/3/77 Decorah 8/16/77 Mason City 8/17 & 18/77		Oakdale 8/10/77
Sept	Charles City 9/28/77	Oakdale 9/7/77 Red Oak 9/13/77 Des Moines 9/14/77 Dubuque 9/21 & 22/77		

Revised 6/17/76



MAP OF UNIVERSITY OF IOWA

.EDICAL COMPLEX

BIBLIOGRAPHY OF PUBLICATIONS

Listed below are the books and bibliographies available for loan upon request from our office.

1. Digest of State and Federal Laws: Education of Handicapped Children, 3rd edition.

Handicapped Children in Head Start Series:

2. Homemade Innovative Play Equipment
3. Training of Nonprofessionals in Early Childhood Education Centers
4. Directory of Audiovisual Training Materials
5. Selected Readings In Early Education of Handicapped Children
6. Working With Families: A Manual For Developmental Centers
7. Utilizing Resources in the Handicapped Services Field: A Directory For Head Start Personnel
8. Meyer Children's Rehabilitation Institute Teaching Program For Young Children
9. Directory of Selected Instructional Materials
10. Helping Young Children Develop Language Skills: A Book of Activities.
11. Instructional Development for Training Teachers of Exceptional Children.
12. Exceptional Children, Volume 37, #9, May, 1971; Special Issue: The Exceptional Child's Early Years.
13. A Continuing Summary of Pending and Completed Litigation Regarding the Education of Handicapped Children.
14. Cultural Diversity and the Exceptional Child.
15. Mainstream Currents.
16. The Educability of Intelligence - Preschool Intervention with Disadvantaged Children.
17. Public School Classes for the Emotionally Handicapped: A Research Analysis.
18. Mainstreaming: Educable Mentally Retarded Children in Regular Classes.
19. Legal Change for the Handicapped Through Litigation.
20. Recreation and Physical Activity for the Mentally Retarded.
21. Instructional Alternatives for Exceptional Children.
22. Not All Little Wagons Are Red, The Exceptional Child's Early Years.
23. Teaching Aids and Toys for Handicapped Children. 21 copies available.
24. Public Policy and the Education of Exceptional Children.
25. Early Childhood Developmental Disabilities - a self-paced course for training staff in Head Start (Kansas University Medical Center).

The following annotated bibliographies are also available for loan.

1. Down's Syndrome
2. Early Childhood - Identification
3. Multiply Handicapped
4. Visually Handicapped - Programs
5. Mainstreaming: Program Descriptions in Areas of Exceptionality
6. Aurally Handicapped - Programs
7. Speech Handicapped - Programs
8. Physically Handicapped/Special Health Problems and Cerebral Palsy Programs
9. Competency Based Teacher Education and Evaluation
10. Parent Education/Parent Counseling
11. Instructional Materials
12. Directories of Services and Facilities
13. Trainable Mentally Handicapped - Programs
14. Hyperactivity
15. Nondiscriminatory Testing
16. Severely Handicapped
17. Normalization (Handicapped)
18. Early Childhood Intervention - General Theory and Programs
19. Early Childhood Intervention - Infancy
20. Early Childhood Intervention - Culturally Different

MATERIALS TO PURCHASE

1. Marshalltown Project Materials:

Parent Discussion Manual This manual is used in Parent/Child classes to teach parent responsiveness and effectiveness. The parents may keep the manual at the conclusion of twelve class sessions.	$6.00 each
Discussion Leader's Guide (Revised - available April) This manual is to be used with the Parent Discussion Manual.	$4.00 each
Behavioral Developmental Profile An evaluation instrument used to assess children (0-6) for determination of emergent skill areas amenable to prescriptive intervention. Items are keyed to the following prescriptive manuals.	$3.00 each
Prescription Manual IIa (Communication)	$6.00 each
Prescription Manual IIb (Motor)	$6.00 each
Prescription Manual IIc (Social)	$6.00 each
Staff Training Manual	$6.00 each
Annotated Bibliography	$1.50 each
Score Sheets for Developmental Profile (pad of 30)	$1.50 each

The above may be ordered from: The Marshalltown Project
AEA 6, Preschool Division
507 East Anson
Marshalltown, Iowa 50158
515/752-1723

2. A Parents Guide to Special Education
   Iowa Association for Retarded Citizens
   1707 High Street
   Des Moines, Iowa 50309

   Available through your local AEA.

   This pamphlet describes the mechanisms for delivery of services to the handicapped child. Parents rights and responsibilities are outlined.

3. Rules of Special Education
   Department of Public Instruction
   Grimes State Office Building
   Des Moines, Iowa 50319

3. Rules of Special Education (Continued)

A complete description of programs, policy and personnel regarding special education is outlined.

4. Services, Money & You
Iowa Association of Retarded Citizens
1707 High Street
Des Moines, Iowa 50309

A guide describing various program and functions of Department of Social Services.

5. Tool Kit '76
Project Head Start
Office of Child Development
DHEW
P.O. Box 1182
Washington, D.C. 20013

A compilation of resource materials for teachers dealing with special needs children.

FREE FROM OUR OFFICE

"Answers to the Most Frequent Questions People Ask About Epilepsy"

"About Speech & Hearing Problems"

"Cleft Lip and Cleft Palate"

"The Problem of Mental Retardation"

"Crossed Eyes: A Needless Handicap"

"Learning Disabilities Due to Minimal Brain Dysfunction"

"Care of the Infant with Myelomeningocele (Spina Bifida) and Hydrocephalus - A Guide for Parents"

SLIDE/TAPE PRESENTATIONS AVAILABLE FOR LOAN

Also available on loan are the following slide/tape presentations. When requesting use of material, please indicate number viewing presentations in order that sufficient number of supplementary manuals may be sent.

You, Your Child & Language
This package provides methods of teaching and testing the understanding of body concepts, simple commands, object identification, relationships between pictures and objects, action words, spatial relationships, color concepts and classification. General suggestions for training methods that you can use at home to teach a child to understand language are also included.
Audience: students, professionals, parents
Time: 20 minutes; Date: February, 1974; Slides: 94

Listening for the Difference

Shows the viewer how to teach a child to recognize sounds, to tell the difference between sounds, to discriminate between loud and soft sounds, and to tell the difference between words.
Audience: students, professionals, parents
Time: 20 minutes
Date: 1974
Slides: 64

PUBLICATIONS AVAILABLE FROM THE TECHNICAL ASSISTANCE - RESOURCE CENTER FOR CHILDREN WITH HANDICAPS

Calendar of Developmental Activities for Preschoolers: A Resource Book for Preschool Teachers, by Weslee D'Audney -- $2.50

Getting a Head Start on Social-Emotional Growth: A Guide for Preschool Teachers, by Zola Anderson -- $2.00

Getting a Head Start on Speech and Language Problems: A Guide for Preschool Teachers, by Susan Hansen -- $1.25

Giving a Head Start to Parents of the Handicapped: A Resource Book for Preschool Staff Who Counsel Parents, by Weslee D'Audney -- $3.00

Order the above publications from:

Media Center, MCRI
University of Nebraska Medical Center
444 South 44th Street
Omaha, Nebraska 68131

For postage and handling, please add $1.00 to order, or 10% to orders over $10.00. Thank you.

KLP/7-76

SELECTED RESOURCES FOR INFORMATION ABOUT EARLY CHILDHOOD EDUCATION

ORGANIZATIONS:

ACEI
Association for Childhood Education International
3615 Wisconsin Avenue, N.W.
Washington, D.C. 20016

AMS
American Montessori Society
175 Fifth Avenue
New York, N.Y. 10010

CWLA
Child Welfare League of America, Inc.
44 East 23rd Street
New York, N.Y. 10010

Day Care and Child Development Council of America, Inc.
1012 - 14th Street, N.W.
Washington, D.C. 20005

EDC
Education Development Center
Early Childhood Education Study
55 Chapel Street
Newton, Massachusetts 02150

EKNE
American Association of Elementary-Kindergarten-Nursery Educators
1201 16th Street
Washington, D.C. 20036

ERIC/ECE
Educational Resources Information Center/Early Childhood Education
805 West Pennsylvania Avenue
Urbana, Illinois 61801

NAEYC
National Association for the Education of Young Children
Editorial and Publications Dept.
1834 Connecticut Ave., N.W.
Washington, D.C. 20009

NEWSLETTERS:

The Black Child Advocate
Black Child Development Institute
1028 Connecticut Ave., N.W., Suite 514
Washington, D.C. 20036

ERIC/ECE Newsletter
805 West Pennsylvania Avenue
Urbana, Illinois 61801

Report on Preschool Education
Capitol Publications, Inc.
Suite G-12
2430 Pennsylvania, N.W.
Washington, D.C. 20037

Today's Child
Roosevelt, New Jersey 08555

JOURNALS:

Childhood Education
ACEI
3615 Wisconsin Avenue, N.W.
Washington, D.C. 20016

Children Today
DHEW
Welfare Administration
Children's Bureau
3rd & Independence Ave., S.W.
Washington, D.C. 20201

Elementary School Journal
University of Chicago Press
11030 Langley Avenue
Chicago, Illinois 60628

Young Children
NAEYC
1834 Connecticut Avenue, N.W.
Washington, D.C. 20009

Midwest ALRC

Area Learning Resource Centers were funded through the Bureau of Education for the Handicapped to encourage the use of appropriate educational technology, media and materials with handicapped learners.

The Midwest Area Learning Resource Center is one of thirteen ALRC's serving the 50 states and territories of the United States.

The Midwest ALRC works within an appointed eight-state region which includes the states of: Arkansas, Iowa, Kansas, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota.

WHAT ARE MALRC GOALS?

The Midwest ALRC's goal is to stimulate the development of exemplary educational media and materials services for the handicapped and to encourage the application of effective teaching practices which incorporate appropriate instructional media and materials.

HOW DOES THE CENTER DO THIS?

The Midwest ALRC provides information and assistance through the Special Education Divisions of each State Department to instructional materials center personnel and preservice training institutions. The MALRC does not provide direct services to handicapped children.

HOW IS THE CENTER STAFFED?

The staff consists of a small team of professional educators representing a broad spectrum of educational specialization.

The Midwest ALRC also funds a State Media Consultant for the Handicapped in each of the eight states. A State Media Consultant is the contact person for MALRC services within each state and is the liasion person between the state's Department of Special Education and the Midwest ALRC.

The MALRC provides technical assistance to the eight states in these areas:

Media Center Development and Operation
Media and Materials selection, retrieval, utilization, evaluation
Media and Materials in-service
Media and Materials preservice

For further information write: Mr. Kay Kramer, Director
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Des Moines, Iowa 50311
Phone: (515) 371-3951

State Media Consultant: Gail Fleig, Special Education Division
Iowa Department of Public Instruction
Grimes State Office Building
Des Moines, Iowa 50319
Phone: (515) 281-3176

MIDWEST REGIONAL RESOURCE CENTER

The majority of the RRC efforts are applied to workscope Area 1, State Program Development. Within the workscope RRC works with the State Special Education Agency to identify and assist with their area of priority and/or void in serving handicapped children.

Within Iowa RRC assists and provides backup support services in the area of the profoundly and severely handicapped.

A demonstration site is located in Des Moines where RRC plans to field test best practices for replication elsewhere in the state. Other assistance statewide includes in-service training, needs assessment, program standards, etc.

Area 1

1A. Temporary support of experimental or demonstration models for appraisal and programming; and/or

1B. Temporary support of SEA appraisal and programming staff; and/or

1C. RRC-conducted demonstrations of appraisal and programming; and/or

1D. Technical assistance via consultation, workshops and dissemination of appraisal and programming procedures and instruments; and/or

1E. Other strategies for stimulating or developing intrastate and state capacity for child appraisal and educational programming.

Contact: Raymond L. Feltner, Project Director
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Des Moines, Iowa 50311